

Save for Summer Authorization

INSTRUCTIONS This form allows employees who work less than 12 months a year to extend their pay over a full 12 months. Employees may also use this form to cancel their enrollment in the Save for Summer plan by using the Cancellation section below. Employees should complete the form and submit to Payroll as noted at the bottom of the form.

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact Payroll at payroll@wtamu.edu or 806-651-2082.

Employee Name	UIN
Work Phone	Email
<input type="checkbox"/> New Enrollment OR Active Participant Update <p>NEW: I authorize to reduce the net amount of my paycheck by \$ _____ for _____ 9 months _____ 10 months _____ 11 months for the current fiscal year.</p> <p>ACTIVE: I wish to change the amount I reduce the net amount of my check from my earlier choice. I now wish to reduce the net amount of my paycheck by \$ _____</p> <p>I authorize the above listed System Member to hold these funds for the purpose of distributing the balance to me in equal payments during the summer months not included in my appointment period. I understand that participation in this plan is not an extension of my employment contract.</p> <p>I understand that having an employment period of less than twelve months is a requirement for my participation in the plan. I understand that all deductions and federal income tax withholding will be taken on a monthly or biweekly basis when earned. I recognize my participation in the plan begins with the first available monthly or biweekly pay date after I file a properly completed enrollment or updated form with my payroll office, and there are no catch-up provisions for any expired portion of the fiscal year.</p> <p>I understand that I will not receive any interest earnings for these funds.</p> <p>I understand that I may stop my participation at any time and may elect to receive disbursement on my next regularly scheduled on-cycle pay date. I recognize that, following cancellation, I may not participate in the plan again until the next fiscal year.</p>	
<input type="checkbox"/> Cancellation <input type="checkbox"/> Pay plan balance on my next regularly scheduled on-cycle pay date <input type="checkbox"/> Pay during summer months per Plan schedule (Both options above will follow your payment elections, direct deposit or paper check, as indicated in Workday.)	

Employee Signature

Date

SUBMIT TO:
 Payroll
 Old Main Room 309
payroll@wtamu.edu
 Fax 806-651-2113

NEED HELP?
payroll@wtamu.edu
 806-651-2082